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TITLE OF THE PARTY	Building Location:										Owners Name:																
D	Tv	Type of Occupancy: Commercial													7	Industrial ☐ Institutional ☐ Residential ☐											
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Installing Company Name: Check One Only Certificate #																											
Address: City/Town:									State:																		
Business Tel:								Fax:																			
Name of Licensed Plumber:														_	☐ Firm/Company												
INSURANCE I have a curren					ce po	olicy	or i	ts sı	ıbsta	ntia	l equ	ıivale	ent v	hich	me	ets t	he re	equir	eme	nts c	of MC	GL. (Ch. 1	42 Y	es 🗌	No	, 🗆
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A liability ins	uran	ice p	olic	у [Ot	her t	ype	of i	nde	mnit	y [Во	nd								
OWNER'S INSURANCE WAIVER: I am aware that the licensee <u>does not have</u> the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application <u>waives</u> this requirement. Check One Only																											
Signature of Or	mor	or O	MDOr'	c / ~	ont						-					Ow	ner				Ag	ent	Ш				
Signature of Ow I hereby certify t Knowledge and Pertinent provisi	hat al that a	ll of t	he de ımbir	tails	and ork ar	nd ins	stalla	tions	perfo	orme	d und	der th	ne pe	rmit i	ssue	d for	this	appli									my
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Ву	Type of License: Signature of Licensed Plumber												_														
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